

OCT 09 2006

PTO/SB/02 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/507,058
Filing Date	September 9, 2004
First Named Inventor	Salvatore Calabrese
Art Unit	3784
Examiner Name	Michael A. Brown
Attorney Docket Number	3006051-0005-PCT-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)**SIGNATURE of Assignee of Record**

Signature

Name

Lisa Tweardy, General Manager, Philadelphia Cervical Collar Company

Date

9/12/06

Telephone (800) 257-8440

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PHDATA 1391557_1

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PTO/SB/21 (09-04)

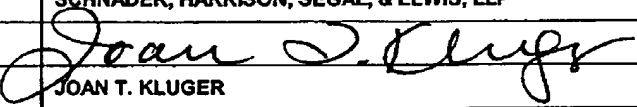
Approved for use through 07/31/2008. OMB 0651-0031

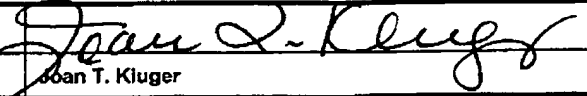
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/507,058	
	Filing Date	September 9, 2004	
	First Named Inventor	Salvatore Calabrese	
	Art Unit	3764	
	Examiner Name	Michael A. Brown	
Total Number of Pages in This Submission	2	Attorney Docket Number	3006051-0005-PCT-US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	SCHNADER, HARRISON, SEGAL, & LEWIS, LLP		
Signature			
Printed Name	JOAN T. KLUGER		
Date	October 9, 2006	Reg. No.	38,940

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
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Typed or printed name	Joan T. Kluger
Date	October 9, 2006

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